



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 6-1-12 to 8-27-12

1. Committee I.D. Number

150329

4. Candidate Last Name

KLASS

First Name

DONALD

M.I.

L

4a. Office Sought Including District # or Community Served (If applicable)

TRUSTEE - HAMPTON TWP.

4b. County of Residence

BAY

6. Treasurer's Name & Residential Address

SAME AS # 5

5. Committee's Mailing Address

166 E. BORTON RD.  
ESSEXVILLE MI  
48132

Area Code and Phone

989-892-9614

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone

7. Treasurer's Business Address

SAME AS # 5

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

SAME AS # 5

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8/7/2012

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

DONALD L. KLASS

Type or Print Name

Signature

Date

8-22-12

Candidate

DONALD L. KLASS

Type or Print Name

Signature

Date

8-22-12



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

SUMMARY PAGE  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150329  
COMMITTEE TO RE-ELECT  
2. Committee Name DONALD KLASS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1308.21</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1308.21</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1308.21</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1308.21</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1308.21</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>- 0 -</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1308.21</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1308.21</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1308.21</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u> *	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150329  
2. Committee Name Committee to Reelect Donald Klass

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Donald Klass</u> <u>166 E. Burton</u> <u>Essexville, MI 48732</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>6/1/2012 - 8/1/2012</u>	6. Amount <u>\$1308.21</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ _____ \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1308.21

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150329  
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>HAMPTON TWP OFFICE</u></p> <p>Address <u>801 W. CENTER RD.</u> <u>ESSEXVILLE MI</u> <u>48732</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>LABELS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-4-12</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ <u>44.22</u></p>
<p>Expenditure #2</p> <p>Name <u>U.S. POST OFFICE</u></p> <p>Address <u>ESSEXVILLE MI</u> <u>48732</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>STAMPS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-19-12</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ <u>235.20</u></p>
<p>Expenditure #3</p> <p>Name <u>PLACEMAT 4 YOU</u></p> <p>Address <u>P.O. BOX 34</u> <u>4910 GERA RD</u> <u>FRANKENMUTH MI</u> <u>48734</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PLACEMATS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-25-12</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ <u>200.00</u></p>
<p>Expenditure #4</p> <p>Name <u>HAMPTON TWP OFFICE</u></p> <p>Address <u>801 W. CENTER RD</u> <u>ESSEXVILLE MI</u> <u>48732</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>LABELS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7-6-12</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ <u>10.03</u></p>
<p>Expenditure #5</p> <p>Name <u>U.S. POST OFFICE</u></p> <p>Address <u>ESSEXVILLE MI</u> <u>48732</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>STAMPS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7-6-12</u></p> <p>Date</p> <p>Click Here for Memo Itemization Type</p>	<p>\$ <u>47.20</u></p>

Subtotal this page

536.65

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150329  
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>VOLKER PRINTING</u> Address <u>1506 WOODSIDE AVE</u> <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARDS</u> <u>HAND OUTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-12</u> Date	<u>\$ 345.40</u>
Expenditure #2 Name <u>J.C. PENNY</u> Address <u>BAY CITY MALL</u> <u>BAY CITY MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-12</u> Date	<u>\$ 19.08</u>
Expenditure #3 Name <u>SHIRTS MUGS &amp; MORE</u> Address <u>2728 CENTER AVE.</u> <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LETTERING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-12</u> Date	<u>\$ 10.60</u>
Expenditure #4 Name <u>BAY CITY TIMES</u> Address <u>BAY CITY MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FINAL WORD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-12</u> Date	<u>\$ 53.50</u>
Expenditure #5 Name <u>SHIRTS MUGS &amp; MORE</u> Address <u>2728 CENTER AVE</u> <u>ESSEXVILLE MI</u> <u>48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LETTERING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-18-12</u> Date	<u>\$ 8.48</u>

Subtotal this page

437.06

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150329  
2. Committee Name COMMITTEE TO RE-ELECT DONALD KLASS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BAY City TIMES</u> Address <u>BAY city mi</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FINAL WORD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-15-12</u> Date	\$ <u>50.50</u>
Expenditure #2 Name <u>JIMMY JOHN'S</u> Address <u>WASHINGTON AVE BAY CITY, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-7-12</u> Date	\$ <u>40.00</u>
Expenditure #3 Name <u>BAY city TIMES</u> Address <u>BAY City, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FINAL WORD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-13-12</u> Date	\$ <u>47.00</u>
Expenditure #4 Name <u>HAMPTON Twp OFFICE</u> Address <u>801 CENTER RD ESSEXVILLE MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-14-12</u> Date	\$ <u>7.00</u>
Expenditure #5 Name <u>SIGN DEBOT</u> Address <u>1813 COLONIAL ORLANDO, FL</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-15-12</u> Date	\$ <u>190.00</u>

Subtotal this page

334.50

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1308.21

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150329

2. Committee Name

Comm to ReElect Don Klass

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Don Klass 166 E. Borton Essexville, MI 48732	4. Type: LOAN 5. Date Debt Was Incurred: 6/1/2012 6. Original Amount of Debt: \$ 479.42	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Don Klass 166 E. Borton Essexville, MI 48732	4. Type: LOAN 5. Date Debt Was Incurred: 7/1/2012 6. Original Amount of Debt: \$ 494.29	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Don Klass 166 E. Borton Essexville, MI 48732	4. Type: LOAN 5. Date Debt Was Incurred: 8/1/2012 6. Original Amount of Debt: \$ 334.50	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

1308.21

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

1308.21

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

150326  
COMMITTEE TO RE-ELECT  
DONALD KLASS

2. Committee Name

3. Name and Address from whom received  
If contribution is from an individual, enter last  
name first. Check box to indicate if contribution  
is from a Political Committee or an Independent  
Committee (Both are commonly called PACs).  
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were  
purchased

7. Amount or  
Fair Market  
Value

8. Cumulative  
for Election  
Cycle (Through  
date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes  
Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ 0 \$ 0

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes  
Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ 0 \$ 0

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes  
Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ 0 \$ 0

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page